

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90189 050 ***150.00

DOCUMENT # M79164

1. Entity Name
NAFZINGER & ASSOCIATES, INC.



Principal Place of Business
**11 LITCHFORD RD
CHAPEL HILL NC 27514
US**

Mailing Address
**11 LITCHFORD RD
905
CHAPEL HILL NC 27514
US**

100J0001



2. Principal Place of Business

4564 JUNIPER DRIVE
Suite, Apt. #, etc.

3. Mailing Address

4564 JUNIPER DRIVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

4. FEI Number **59-2889802**

Applied For

Not Applicable

Zip

34685

Country

FLORIDA

Zip

34685

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAFZINGER, JAMES S.
C/O NAFZINGER & ASSOCIATES, INC
1400 TARPON WOODS BLVD, UNIT B-1
SAFETY HARBOR FL 34695-5342**

7. Name and Address of New Registered Agent

Name **NAFZINGER, JAMES S.**

Street Address (P.O. Box Number is Not Acceptable)

4564 JUNIPER DRIVE

City **PALM HARBOR**

FL

Zip Code **34685**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JAMES S. NAFZINGER, PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-9-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NAFZINGER, JAMES S.**
STREET ADDRESS **11 LITCHFORD RD**
CITY-ST-ZIP **CHAPEL HILL NC 27514**

TITLE **D** ☐ Delete
NAME **NAFZINGER, JUDITH H.**
STREET ADDRESS **11 LITCHFORD RD**
CITY-ST-ZIP **CHAPEL HILL NC 27514**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4564 JUNIPER DRIVE**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **4564 JUNIPER DRIVE**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES S. NAFZINGER, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Date

727-943-0215

Daytime Phone #

0622412 AT

CR2E034 (10/02)